

# RECORD OF ATTENDANCE

Name of Sponsor/Provider	Idaho Provider Approval Number (7-digits)
Course Title and Course Number	Location of Course Presentation
NAME OF ATTENDEE	License # or Last-4 Social Security #

## ATTENDANCE VERIFICATION

Date	Time-IN	Time-OUT	Total Time

Total Time Attended \_\_\_\_\_

## CERTIFICATION

*I have read and concur that the above is an accurate account of my attendance. I have also received written information describing sponsor/provider's policies regarding fees and cancellation of offering by sponsor/provider.*

Signature of Attendee/Student \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Telephone Number (include area code) \_\_\_\_\_ Residence Telephone Number (include area code) \_\_\_\_\_

Above Information Verified By: *(print name of sponsor/provider authorized monitor)* \_\_\_\_\_

Signature of Monitor \_\_\_\_\_ Date \_\_\_\_\_

**Note: Records of attendance must be retained by the sponsor/provider for a period of three (3) years from the date attended.**